

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

SCOMPRECEIVED

OMB APPROVAL

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FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

NIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY

Prefix Serial

DATE RECEIVED

	UNIFORM LIN	IIIED OFFERIN	G EAEMIT HO								
Name of Offering:											
LISPENARD STREET CREDIT FUND, L.P.: Offering of Limited Partnership Interests											
Filing Under (Check box(es) that apply):	☐ Rule 504	☐ ULOE									
Type of Filing:	➤ New Filing	☐ Amendment									
A. BASIC IDENTIFICATION DATA											
Enter the information requested about the issuer											
Name of Issuer (check if this is an ame LISPENARD STREET CREDIT FUND, L	.P.										
Address of Executive Offices	(Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)										
c/o DiMaio Ahmad Capital LLC, 245	rk, NY	(212) 328-7900									
10167											
Address of Principal Business Operations (if different from Executive Offices)	(Number	Telephone Number (Including Area Code)									
Brief Description of Business: To operate	as a private inv	estment fund.									
Type of Business Organization	<u> </u>				- ADVESSE						
☐ corporation	☑ limited partner	ship, already formed	□ o	ther (please specify):	SEP 3 0 2005						
☐ business trust	limited partner	ship, to be formed		_	961 3 0 2003						
Actual or Estimated Date of Incorporation or Or	ganization:	Montl 0 2		r 4 🗷 Actual	Estimated WANCIAL						
Jurisdiction of Incorporation: (Enter two-letter U.S. Postal Service Abbreviation for State: CN for Canada; FN for other foreign jurisdiction) D E											

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

		A. BASIC IDENTII	FICATION DATA								
2. Enter the information	n requested for the foll	owing:									
• Each promoter of the issuer, if the issuer has been organized within the past five years;											
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;											
 Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and 											
Each general and managing partner of partnership issuers.											
Check Box(es) that Apply:	Promoter	■ Beneficial Owner	☐ Executive Officer	☐ Director	×	General and/or Managing Partner					
Full Name (Last name first, if individual)											
LISPENARD HOLDING		"General Partner" or "C	GP")								
Business or Residence Address (Number and Street, City, State, Zip Code)											
c/o DiMaio Ahmad Capit	al LLC, 245 Park	Avenue, 44th Floor, Nev	v York, NY 10167								
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	<u>×</u>	Managing Member Of the General Partner					
Full Name (Last name first, if in	ndividual)										
LISPENARD MANAGE	MENT LLC										
Business or Residence Address	(Number and Street,	City, State, Zip Code)									
c/o DiMaio Ahmad Capit	al LLC, 245 Park	Avenue, 44th Floor, Nev	v York, NY 10167								
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	区 Executive Officer	☐ Director		General and/or					
		Mana	ging Member of Lispenard M	anagement LLC		Managing Partner					
Full Name (Last name first, if in	ndividual)										
DIMAIO, JACK J., JR.											
Business or Residence Address	(Number and Street,	City, State, Zip Code)									
c/o DiMaio Ahmad Capit	tal LLC, 245 Park	Avenue, 44th Floor, Nev	v York, NY 10167			···					
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		☐ Director		General and/or					
F. II N		Mar	aging Member of Lispenard N	Management LLC		Managing Partner					
Full Name (Last name first, if it	ndividuai)										
AHMAD, NASSER A.	01 1 10	G: G: G: D:									
Business or Residence Address	(Number and Street,	City, State, Zip Code)									
c/o DiMaio Ahmad Capit											
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director		General and/or Managing Partner					
Full Name (Last name first, if in	ndividual)										
D. ' D. 'I A.II	01 1 10:	C' C									
Business or Residence Address	(Number and Street,	City, State, Zip Code)									
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner					
Full Name (Last name first, if in	ndividual)					<u> </u>					
Business or Residence Address	(Number and Street,	City, State, Zip Code)									
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner					
Full Name (Last name first, if i	ndividual)										
Business or Residence Address	(Number and Street,	City, State, Zip Code)									
	(Use blan	k sheet, or conv and use addition	anal conies of this sheet, as ne	cessary)							

					B. I	NFORMA	TION A	BOUT OI	FERING					
				·									Yes	No
1.											$oldsymbol{\times}$			
2	Answer also in Appendix, Column 2, if filing under ULOE. What is the minimum investment that will be accepted from any individual?											1 000 *		
2. What is the minimum investment that will be accepted from any individual?										3 <u>3,000</u> Yes	No			
	* (Subject to th	e sole discr	retion of the	General P	artner to a	ccept any le	sser amour	ıt)						
3. Does the offering permit joint ownership of a single unit?										X				
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.														
Full Name (Last name first, if individual)														
NONE														
Business or Residence Address (Number and Street, City, State, Zip Code)														
Nar	ne of Associated	i Broker or	Dealer											
Stat	tes in Which Per	son Listed	Has Solicite	ed or Intend	ds to Solicit	Purchasers							<u> </u>	
	(Check "All S	tates" or ch	eck individ	hial States)									🗖 All	States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	States
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
	[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]	
Full Name (Last name first, if individual)														
Business or Residence Address (Number and Street, City, State, Zip Code)														
Name of Associated Broker or Dealer														
Sta	tes in Which Per	son Listed	Has Solicit	ed or Inten	ds to Solici	Purchasers								
	(Check "All S	states" or ch	neck individ	lual States)									🗖 All	States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
	[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[КҮ] [NЛ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]	
	[RI]	[SC]	[SD]	[NII]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Ful	l Name (Last na	me first, if	individual)						· -					
Business or Residence Address (Number and Street, City, State, Zip Code)														
Nar	me of Associated	d Broker or	Dealer											-
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers														
	(Check "All S								·····				🗖 All	States
	[AL] [IL]	[AK] [IN]	[AZ] [lA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]	
	[MT]	[NE]	[NA]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	

TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR] (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box □ and indicate in the columns below the amounts of securities offered for exchange and already exchanged. Type of Security Amount Already Aggregate Offering Price (1) Sold (2) Debt Equity ☐ Common ☐ Preferred Convertible Securities (including warrants) Partnership Interests Other (specify) Limited Partnership Interests \$300,000,000 \$56,850,000 Total \$300,000,000 \$<u>56,850,000</u> Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount investors (2) of Purchases (2) Accredited Investors 13_ \$ 56,850,000 Non-accredited Investors N/A \$ N/A Total (for filings under Rule 504 only)..... N/A \$ N/A Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of offering Dollar Amount Type of Security Sold Rule 505.... N/A \$_N/A___ Regulation A..... N/A \$_N/A__ Rule 504 N/A ___ \$ N/A N/A___ \$<u>N/A</u> Total Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees \$ 0 X Printing and Engraving Costs.... \$_5,000_

(1) The Issuer is offering Limited Partnership Interests on a continuous basis. The amount reflected is provided for the purpose of filing this Form D.

Legal Fees

Accounting Fees

Engineering Fees

Sales Commissions (specify finders' fees separately)

Other Expenses (identify) Blue sky filing fees and expenses; travel; marketing costs.

- (2) The amount and number sold reflect sales to U.S. and non-U.S. persons in Lispenard Street Credit Fund, L.P. only
- (3) The amount reflects an estimate of initial costs only.

\$ 75,000

\$_5,000_

\$ 0

\$ 15,000

\$ 100,000 (3)

X

 \boxtimes

X

 \mathbf{X}

 \boxtimes

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to \$ 299,900,000 the issuer." Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above. Payments to Officers, Directors, and Payments Affiliates to Others □ \$_____ **⊠** \$ (4) Salaries and fees Purchases of real estate **S**_____ □ \$____ □ \$ Acquisition of other businesses (including the value of securities involved in this offering that □ \$____ □ \$ Working capital \$_____ □ \$ Other (specify): Investments. **\$299,900,000** \$299,900,000 **×**\$299,900,000 Total Payments Listed (column totals added) (4) Lispenard Holdings LLC, an affiliate of the Issuer, serves as the Issuer's General Partner and will be entitled to receive an annual performance allocation. DiMaio Ahmad Capital LLC, an affiliate of the Issuer, serves as the Issuer's Investment Manager and will be entitled to receive management fees. The Issuer's confidential offering materials set forth detailed discussions of the performance allocation and management fees. D. FEDERAL SIGNATURE The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502. Issuer (Print or Type) Signature

Managing Member of Lispenard Management LLC

ATTENTION
Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

Vanu Azi, Muns

Title of Signer (Print or Type)

LISPENARD STREET CREDIT FUND, L.P.

By: LISPENARD HOLDINGS LLC, the General

By: LISPENARD MANAGEMENT LLC, the Managing Member of the General Partner

Name of Signer (Print or Type)

By: NASSER A. AHMAD

Partner of the Issuer